

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3009

Sarno FILED JAN 18 1942

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Canalou Jim
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Randall Pipkins3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Pipkins 6. (c) Age of husband or wife if alive years
7. Birth date of deceased ? ? 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months ? Days ? If less than one day hr. min.

9. Birthplace Holly Springs Miss.
(City, town, or county) (State or foreign country)10. Usual occupation Farming11. Industry or business

12. Name Hubbard Pipkins
13. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Unknown
15. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Will Pipkins
(b) Address Matthews Mo. R.F.D. # 3
17. (a) Burial (b) Date thereof 12/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.
18. (a) Signature of funeral director
(b) Address Sikeston Mo.

19. (a) (b)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott
(c) City or town Oran
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1941 hour 1 minute PM.

21. I hereby certify that I attended the deceased from 12-20 to 12-22, 1941.
that I last saw him alive on 12-22 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebrovascular
Stroke Duration 1 week

Due to arteriosclerosisDue to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 97
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place)
(e) Means of injury

23. Signature (M. D. or other)
Address Date signed

RECEIVED
District Health Office No. 2,
District File Number 142-114
Date Filed 1-23-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Hunter Albrighton

Licensed Embalmer No. 4210

P. O. Address Sikeston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **3009**
 Registrar's No.

Registration District No. **1133**

Primary Registration District No. **4587**

1. PLACE OF DEATH: **New Madrid Canalou**
 (a) County.....
 (b) City or town.....
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:.....
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... years, months or days)

3. (a) PRINT FULL NAME **John R. Pipkins**
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **m** 5. Color or race **B** 6. (a) Single, widowed, married, divorced **w**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years **75** Months Days If less than one day..... min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place; burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

(a) **May 25/43** (b) **Mac Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... (b) County.....
 (c) City or town..... (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** Day **25** Year **1943** hour..... minute..... M.
 21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.
 Immediate cause of death..... Duration.....

Due to.....
 Due to.....

Other conditions..... (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

Underline the cause to which death should be charged statistically.

PHYSICIAN

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (b) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)
 While at work?..... (c) Means of injury.....

23. Signature..... (M. D. or other).....
 Address..... Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them. The list includes names such as "John Doe", "Jane Smith", and "Robert Johnson", among others.

2. The second part of the document is a series of short, handwritten notes or entries. These notes are written in a cursive script and appear to be a continuation of the information provided in the first part. They include details such as dates, times, and specific locations or events.

3. The third part of the document is a series of longer, handwritten paragraphs. These paragraphs are written in a cursive script and appear to be a narrative or a detailed account of events. They include descriptions of people, places, and activities, and are written in a more formal and structured manner than the notes in the second part.

4. The fourth part of the document is a series of short, handwritten notes or entries, similar to the second part. These notes are written in a cursive script and appear to be a continuation of the information provided in the third part. They include details such as dates, times, and specific locations or events.

5. The fifth part of the document is a series of longer, handwritten paragraphs, similar to the third part. These paragraphs are written in a cursive script and appear to be a narrative or a detailed account of events. They include descriptions of people, places, and activities, and are written in a more formal and structured manner than the notes in the fourth part.